



ocket: CU-2882

Rec'd PCT/PTO 28 MAY 2004
PATENT

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☐ original
☐ design
☐ supplemental

Note: If the Declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.

- ☒ national stage of PCT

Note: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional
☐ continuation
☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: *If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.*

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

SINGLE MODE OPTICAL WAVEGUIDE FIBRE

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

☐ (a) is attached hereto.

☐ (b) was filed on _____ as ☐ Serial No. _____ or
☐ Express Mail No. (as Serial No. not yet known) _____
and was amended on _____ (if applicable).

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☒ (c) was described and claimed in PCT International Application No. PCT/AU00/00919 filed on 02 August 2000 and as amended on 16 November 2001.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56,

(also check the following items, if desired)

☐ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

☐ in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

☐ (d) no such applications have been filed.☒ (e) such applications have been filed as follows.

Note: Where item (c) is entered above and the international application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)**

| COUNTRY (OR INDICATE IF PCT) | APPLICATION NUMBER | DATE OF FILING (day/month/year) | PRIORITY CLAIMED UNDER 35 USC 119 |
|------------------------------------|-----------------------|------------------------------------|---|
| Australia | PQ 3207 | 30 September 1999 | <input checked="" type="checkbox"/> YES NO <input type="checkbox"/> |
| | | | <input type="checkbox"/> YES NO <input type="checkbox"/> |

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(35 U.S.C. § 119(e))**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

| PROVISIONAL APPLICATION NUMBER | FILING DATE |
|--------------------------------|-------------|
| | |
| | |

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Full name of second joint inventor

Ronald BAILEY
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature

Date _____ **Country of Citizenship** Australia

Residence Watanobbi NSW, Australia

Post Office Address 6 Brent Close, Watanobbi NSW 2259, Australia

Full name of third joint inventor

Simon FLEMING
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature

Date _____ **Country of Citizenship** Australia

Residence Ashfield NSW, Australia

Post Office Address 46 Henry Street, Ashfield NSW 2131, Australia

Full name of fourth joint inventor

Mark SCEATS
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature

Date _____ **Country of Citizenship** Australia

Residence Lilyfield NSW, Australia

Post Office Address 74 Lamb Street, Lilyfield NSW 2040, Australia

Full name of fifth joint inventor

David THORNCRAFT
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature

Date _____ **Country of Citizenship** Australia

Residence Melba ACT, Australia

Post Office Address 10 Bainton Crescent, Melba ACT 2615, Australia

Post Office Address 26 McClelland Street, Willoughby NSW 2068, Australia

Post Office Address 4/1 Charlton Way, Glebe NSW 2037, Australia

Post Office Address _____

Post Office Address 66/65 Myrtle Street Chippendale NSW 2008, Australia

**ADDED PAGE TO COMBINED DECLARATION & POWER OF ATTORNEY FOR SIGNING
BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX) OR LEGAL REPRESENTATIVE ON
BEHALF OF DECEASED OR INCAPACITATED INVENTOR (37 CFR 1.42 & 1.43)**

I, _____
hereby declare that I am a citizen of _____
residing at _____

and that I am executing and signing the declaration to which this is attached as

(check one)

- ☐ the administrator(trix) of
☐ executor(trix) of the last will and testament of
☐ legal representative (or heirs) of

Full name of deceased inventor

Michael

(Given Name)

(Middle Initial or Name)

LARGE

(Family (or Last) Name)

Country of Citizenship

Australia

Residence

West Pymble NSW, Australia

Post Office Address 25A Congham Road, West Pymble NSW 2073, Australia

That, upon information and belief, I aver those facts that the inventor is required to state.

Date _____

Signature of administrator(trix),
executor(trix), legal representative
(or all heirs)

- Note: Proof of authority of the administrator(trix), executor(trix) or legal representative must be recorded in the PTO or filed in the application before the grant of the patent 37 CFR 1.44.*
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☐ continuation-in-part (CIP)

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the specification of which: *(complete (a), (b) or (c))*

☐ (a) is attached hereto.

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(also check the following items, if desired)

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☐ in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.

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I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

☐ (d) no such applications have been filed.☒ (e) such applications have been filed as follows.

Note: Where item (e) is entered above and the international application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)**

| COUNTRY (OR INDICATE IF PCT | APPLICATION NUMBER | DATE OF FILING (day/month/year) | PRIORITY CLAIMED UNDER 35 USC 119 |
|-----------------------------------|-----------------------|------------------------------------|---|
| Australia | PQ 3207 | 30 September 1999 | <input checked="" type="checkbox"/> YES NO <input type="checkbox"/> |
| | | | <input type="checkbox"/> YES NO <input type="checkbox"/> |

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(35 U.S.C. § 119(e))**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

| PROVISIONAL APPLICATION NUMBER | FILING DATE |
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POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith (*list name and registration number*).

Thomas F. Peterson, 24790; Richard J. Streit, 25765; Donald P. Reynolds, 26220; W. Dennis Drehkoff, 27193; Vangelis Economou, 32341; Brian W. Harneder, 45613; Valerie Neymeyer-Tynkov, 46956; Paul B. West, 18947; Joseph H. Handelman, 26179; Peter D. Galloway 27885; John Richards, 31503; Iain C. Baillie, 24080; Richard P. Berg, 28145

☐ Attached, as part of this declaration and power of attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO:

Richard J. Streit
c/o Ladas & Parry
224 South Michigan Avenue
Suite 1200
Chicago, Illinois 60604

DIRECT TELEPHONE CALLS TO:
(*Name and telephone number*)

(312) 427-1300

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Note: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of first inventor

John

(Given Name)

(Middle Initial or Name)

LOVE

(Family (or Last) Name)

Inventor's signature

Date

Country of Citizenship

Australia

Residence

Flynn ACT, Australia

Post Office Address

55 Barber Crescent, Flynn ACT 2615, Australia

Full name of second joint inventor

Ronald BAILEY
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature _____**Date** _____ **Country of Citizenship** Australia**Residence** Watanobbi NSW, Australia**Post Office Address** 6 Brent Close, Watanobbi NSW 2259, Australia**Full name of third joint inventor**

Simon FLEMING
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature _____**Date** _____ **Country of Citizenship** Australia**Residence** Ashfield NSW, Australia**Post Office Address** 46 Henry Street, Ashfield NSW 2131, Australia**Full name of fourth joint inventor**

Mark SCEATS
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature _____**Date** _____ **Country of Citizenship** Australia**Residence** Lilyfield NSW, Australia**Post Office Address** 74 Lamb Street, Lilyfield NSW 2040, Australia**Full name of fifth joint inventor**

David ALLEN THORNCRAFT
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature _____**Date** _____ **Country of Citizenship** Australia**Residence** Melba ACT, Australia**Post Office Address** 10 Bainton Crescent, Melba ACT 2615, Australia

Full name of sixth joint inventor

Peter KRUG
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature _____

Date _____ **Country of Citizenship** Australia

Residence Willoughby NSW, Australia

Post Office Address 26 McClelland Street, Willoughby NSW 2068, Australia

Full name of seventh joint inventor

Leon POLADIAN
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature _____

Date _____ **Country of Citizenship** Australia

Residence Glebe NSW, Australia

Post Office Address 4/1 Charlton Way, Glebe NSW 2037, Australia

Full name of eighth joint inventor

Michael LARGE
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature (deceased - see added page)

Date _____ **Country of Citizenship** _____

Residence _____

Post Office Address _____

Full name of ninth joint inventor

Thomas RYAN
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature _____

Date _____ **Country of Citizenship** Australia

Residence Chippendale NSW, Australia

Post Office Address 66/65 Myrtle Street, Chippendale NSW 2008, Australia

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Full name of deceased inventor

Michael LARGE
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

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224 South Michigan Avenue
Suite 1200
Chicago, Illinois 60604

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

(312) 427-1300

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Full name of first inventor

John

(Given Name)

(Middle Initial or Name)

LOVE

(Family (or Last) Name)

Inventor's signature

Date

Country of Citizenship Australia

Residence Flynn ACT, Australia

Post Office Address 55 Barber Crescent, Flynn ACT 2615, Australia

Full name of second joint inventor

Ronald BAILEY
(Given Name) (Middle Initial or Name) (Family (or Last) Name)
Inventor's signature *R. Bailey*
Date _____ Country of Citizenship Australia
Residence Watanobbi NSW, Australia
Post Office Address 6 Brent Close, Watanobbi NSW 2259, Australia

Full name of third joint inventor

Simon FLEMING
(Given Name) (Middle Initial or Name) (Family (or Last) Name)
Inventor's signature *[Signature]*
Date 15/04/02 Country of Citizenship Australia
Residence Ashfield NSW, Australia
Post Office Address 46 Henry Street, Ashfield NSW 2131, Australia

Full name of fourth joint inventor

Mark G SCEATS
(Given Name) (Middle Initial or Name) (Family (or Last) Name)
Inventor's signature *[Signature]*
Date 16-04-02 Country of Citizenship Australia
Residence Lilyfield NSW, Australia Perment
Post Office Address 74 Lamb Street, Lilyfield NSW 2040, Australia
102/38 KENNEDY DRIVE, PERMENT 2009.

Full name of fifth joint inventor

David THORNCRAFT
(Given Name) (Middle Initial or Name) (Family (or Last) Name)
Inventor's signature _____
Date _____ Country of Citizenship Australia
Residence Melba ACT, Australia
Post Office Address 10 Bainton Crescent, Melba ACT 2615, Australia

Full name of sixth joint inventor

Peter KRUG
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature

Date Country of Citizenship Australia

Residence Willoughby NSW, Australia

Post Office Address 26 McClelland Street, Willoughby NSW 2068, Australia

Full name of seventh joint inventor

Leon POLADIAN
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature

Date 15/4/02 Country of Citizenship Australia

Residence Glebe NSW, Australia

Post Office Address 4/1 Charlton Way, Glebe NSW 2037, Australia

Full name of eighth joint inventor

Michael LARGE
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature (deceased - see added page)

Date Country of Citizenship

Residence

Post Office Address

Full name of ninth joint inventor

Thomas RYAN
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☐ legal representative (or heirs) of

Full name of deceased inventor

Michael
(Given Name)

(Middle Initial or Name)

LARGE
(Family (or Last) Name)

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excutor(trix), legal representative
(or all heirs)

Note: Proof of authority of the administrator(trix), executor(trix) or legal representative must be recorded in the PTO or filed in the application before the grant of the patent 37 CFR 1.44.

Note: Application may be made by the heirs of the inventor if a certificate of the court will establish that they are all the heirs and the estate was not required to appoint an administrator. If the heirs are signing, add lines for all the heirs to sign. MPEP 409.01(a), 6th ed., rev. 3.



Rec'd PCT/PTO 28 MAY 2004

PATENT

Socket: CU-2882

COMBINED DECLARATION AND POWER OF ATTORNEY*(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)*

As a below named inventor, I hereby declare that:

TYPE OF DECLARATIONThis declaration is of the following type: *(check one applicable item below)*

- ☐ original
☐ design
☐ supplemental

Note: If the Declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.

- ☒ national stage of PCT

Note: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional
☐ continuation
☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: *If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.*

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTIONSINGLE MODE OPTICAL WAVEGUIDE FIBRE

SPECIFICATION IDENTIFICATION

the specification of which: *(complete (a), (b) or (c))*

☐ (a) is attached hereto.

☐ (b) was filed on _____ as ☐ Serial No. _____ or
☐ Express Mail No. *(as Serial No. not yet known)* _____
and was amended on _____ *(if applicable)*.

Note: Amendments filed after the original papers are deposited with the PTO that contain new matter are not accorded a filing date by being referred to in the Declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental Declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

☒ (c) was described and claimed in PCT International Application No. PCT/AU00/00919 filed on 02 August 2000 and as amended on 16 November 2001.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56,

(also check the following items, if desired)

☐ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

☐ in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

☐ (d) no such applications have been filed.☒ (e) such applications have been filed as follows.

Note: Where item (c) is entered above and the international application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)**

| COUNTRY (OR INDICATE IF PCT) | APPLICATION NUMBER | DATE OF FILING (day/month/year) | PRIORITY CLAIMED UNDER 35 USC 119 |
|---------------------------------|-----------------------|------------------------------------|---|
| Australia | PQ 3207 | 30 September 1999 | <input checked="" type="checkbox"/> YES NO <input type="checkbox"/> |
| | | | <input type="checkbox"/> YES NO <input type="checkbox"/> |

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(35 U.S.C. § 119(e))**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

| PROVISIONAL APPLICATION NUMBER | FILING DATE |
|--------------------------------|-------------|
| | |
| | |

**ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

Note: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.

Page 4 of 7

**ADDED PAGE TO COMBINED DECLARATION & POWER OF ATTORNEY FOR SIGNING
BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX) OR LEGAL REPRESENTATIVE ON
BEHALF OF DECEASED OR INCAPACITATED INVENTOR (37 CFR 1.42 & 1.43)**

8-11 I, Jane Large
hereby declare that I am a citizen of Australia / U.K.
residing at 25A CONGHAM RD WEST PYMBLE
NSW 2073 AUX
and that I am executing and signing the declaration to which this is attached as

(check one)

- ☐ the administrator(trix) of
☒ executor(trix) of the last will and testament of
☐ legal representative (or heirs) of

Full name of deceased inventor

8-01 Michael LARGE
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Country of Citizenship Australia

Residence West Pymble NSW, Australia AUX

Post Office Address 25A Congham Road, West Pymble NSW 2073, Australia

That, upon information and belief, I aver those facts that the inventor is required to state.

21.04.2002

Date

Jane Large

Signature of administrator(trix),
executor(trix), legal representative
(or all heirs)

Note: Proof of authority of the administrator(trix), executor(trix) or legal representative must be recorded in the PTO or filed in the application before the grant of the patent 37 CFR 1.44.

Note: Application may be made by the heirs of the inventor if a certificate of the court will establish that they are all the heirs and the estate was not required to appoint an administrator. If the heirs are signing, add lines for all the heirs to sign. MPEP 409.01(a), 6th ed., rev. 3.

Probate was granted 1.06.2001. I can supply a copy when you need it. JL.

Full name of sixth joint inventor

Peter (Given Name) (Middle Initial or Name) KRUG (Family (or Last) Name)

Inventor's signature

Date _____ Country of Citizenship Australia

Residence Willoughby NSW, Australia *AKA*

Post Office Address 26 McClelland Street, Willoughby NSW 2068, Australia

Full name of seventh joint inventor

Leon (Given Name) (Middle Initial or Name) POLADIAN (Family (or Last) Name)

Inventor's signature.

Date _____ Country of Citizenship Australia

Residence Glebe NSW, Australia *AK*

Post Office Address 4/1 Charlton Way, Glebe NSW 2037, Australia

Full name of eighth joint inventor

Michael LARGE
(Given Name) (Family (or Last) Name)

Inventor's signature (deceased - see added page)

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

Full name of ninth joint inventor

Thomas RYAN
(Given Name) (Family (or Last) Name)

Inventor's signature _____

Date _____ Country of Citizenship Australia

Residence Chippendale NSW, Australia *AMX*

Post Office Address 66/65 Myrtle Street, Chippendale NSW 2008, Australia

REC'D PCT/PTO 28 MAY 2004
PATENT

Docket: CU-2882

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL
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As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☐ original
☐ design
☐ supplemental

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☐ continuation
☐ continuation-in-part (CIP)

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TITLE OF INVENTION

SINGLE MODE OPTICAL WAVEGUIDE FIBRE

(complete (d) or (e))

☐ (d) no such applications have been filed☒ (e) such applications have been filed as follows.

Note: Where item (e) is entered above and the international application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

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|------------------------------------|-----------------------|------------------------------------|---|
| Australia | PQ 3207 | 30 September 1999 | <input checked="" type="checkbox"/> YES NO <input type="checkbox"/> |
| | | | <input type="checkbox"/> YES NO <input type="checkbox"/> |

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(35 U.S.C. § 119(e))**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

| PROVISIONAL APPLICATION NUMBER | FILING DATE |
|--------------------------------|-------------|
| | |
| | |

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SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- ☐ (a) is attached hereto.
- ☐ (b) was filed on _____ as ☐ Serial No. _____ or
☐ Express Mail No. (as Serial No. not yet known) _____
and was amended on _____ (if applicable).

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POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith (list name and registration number).

Thomas F. Peterson, 24790; Richard J. Strett, 25765; Donald P. Reynolds, 26220; W. Dennis Drehkoff, 27183; Vangelis Economou, 32341; Brian W. Hameder, 45613; Valerie Eymeyer-Tynkov, 46956; Paul B. West, 18947; Joseph H. Handelman, 26179; Peter D. Alloway 27885; John Richards, 31503; Iain C. Baillie, 24090; Richard P. Berg, 28145

☐ Attached, as part of this declaration and power of attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO:

Richard J. Strett
c/o Ladas & Parry
224 South Michigan Avenue
Suite 1200
Chicago, Illinois 60604

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

(312) 427-1300

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Note: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of first inventor

John
(Given Name)

(Middle Initial or Name)

LOVE

(Family (or Last) Name)

Inventor's signature

Date

Country of Citizenship Australia

Residence

Flynn ACT, Australia

Post Office Address

55 Barber Crescent, Flynn ACT 2615, Australia

Full name of second joint inventor

Ronald BAILEY
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature _____

Date _____ Country of Citizenship AustraliaResidence Watanobbi NSW, AustraliaPost Office Address 6 Brent Close, Watanobbi NSW 2259, Australia

Full name of third joint inventor

Simon FLEMING
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature _____

Date _____ Country of Citizenship AustraliaResidence Ashfield NSW, AustraliaPost Office Address 46 Henry Street, Ashfield NSW 2131, Australia

Full name of fourth joint inventor

Mark SCEATS
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature _____

Date _____ Country of Citizenship AustraliaResidence Lilyfield NSW, AustraliaPost Office Address 74 Lamb Street, Lilyfield NSW 2040, Australia

Full name of fifth joint inventor

David THORNCRAFT
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature _____

Date _____ Country of Citizenship AustraliaResidence Melba ACT, AustraliaPost Office Address 10 Bainton Crescent, Melba ACT 2615, Australia

Full name of sixth joint inventor

Peter Alexander KRUG
(Given Name) (Middle Initial or Name) (Family (or Last) Name)
Inventor's signature _____
Date 22 April 2002 Country of Citizenship Australia
Residence Ottawa, Ontario, Canada
Post Office Address 23 Dalecroft Crescent, Nepean, Ontario K2G 5V9, Canada

Full name of seventh joint inventor

Leon POLADIAN
(Given Name) (Middle Initial or Name) (Family (or Last) Name)
Inventor's signature _____
Date _____ Country of Citizenship Australia
Residence Glebe NSW, Australia
Post Office Address 4/1 Charlton Way, Glebe NSW 2037, Australia

Full name of eighth joint inventor

Michael LARGE
(Given Name) (Middle Initial or Name) (Family (or Last) Name)
Inventor's signature (deceased - see added page)
Date _____ Country of Citizenship _____
Residence _____
Post Office Address _____

Full name of ninth joint inventor

Thomas RYAN
(Given Name) (Middle Initial or Name) (Family (or Last) Name)
Inventor's signature _____
Date _____ Country of Citizenship Australia
Residence Chippendale NSW, Australia
Post Office Address 66/65 Myrtle Street, Chippendale NSW 2008, Australia

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Note: Application may be made by the heirs of the inventor if a certificate of the court will establish that they are all the heirs and the estate was not required to appoint an administrator. If the heirs are signing, add lines for all the heirs to sign. MPEP 409.01(a), 6th ed., rev. 3.

POWER OF ATTORNEY

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☐ Attached, as part of this declaration and power of attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO:

Richard J. Streit
c/o Ladas & Parry
224 South Michigan Avenue
Suite 1200
Chicago, Illinois 60604

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

(312) 427-1300

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Note: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of first inventor

John

(Given Name)

(Middle Initial or Name)

LOVE

(Family (or Last) Name)

Inventor's signature

Date

Country of Citizenship

Australia

Residence

Flynn ACT, Australia

Post Office Address

55 Barber Crescent, Flynn ACT 2615, Australia

Full name of second joint inventor

Ronald BAILEY 2a
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature

Date _____ Country of Citizenship Australia
Residence Watanobbi NSW, Australia ANX
Post Office Address 6 Brent Close, Watanobbi NSW 2259, Australia

Full name of third joint inventor

Simon FLEMING 3a
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature

Date _____ Country of Citizenship Australia
Residence Ashfield NSW, Australia ANX
Post Office Address 46 Henry Street, Ashfield NSW 2131, Australia

Full name of fourth joint inventor

Mark SCEATS 4a
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature

Date _____ Country of Citizenship Australia
Residence Lilyfield NSW, Australia ANX
Post Office Address 74 Lamb Street, Lilyfield NSW 2040, Australia

Full name of fifth joint inventor

David THORNCRAFT 5a
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature

Date _____ Country of Citizenship Australia
Residence Melba ACT, Australia ANX
Post Office Address 10 Bampton Crescent, Melba ACT 2615, Australia

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